

1921.

ISLE OF ELY COUNTY COUNCIL.

Annual Report
on the
PUBLIC HEALTH
of the
Isle of Ely,
For the Year 1921.

*Prepared by direction of the County Council for the Administrative
County of the Isle of Ely.*

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ISLE OF ELY COUNTY COUNCIL.

Public Health Committee.

BEATON, G. A.	KERRIDGE, J. W.
BIDWELL, C.	LAXON, M.
BUTCHER, J. T.	LUDDINGTON, J. L.
CHILDS, L.	NEWMAN, A. E. T. (Rev.).
CLARKE, T. W. H.	OLLARD, J. W. A.
CLARKE, Sir WM. H.	RUSSELL, W. F. S.
CLAYTON, C.	SEWELL, G. F.
COLLINGWOOD, H.	SHEPPERSON, E. W.
CUTLACK, W.	SMITH, J. E. J.
DARBY, G.	WALTON, S. S. (Rev.)
DENNIS, J. H.	WRIGHT, A. E.

Maternity and Child Welfare Committee.

All the above and the following Co-opted Members:—

Mrs. F. S. BARKER, March. Mrs. COLLINS CLAYTON, Wisbech.
Mrs. WALTON, St. John's Rectory, March.

Mental Deficiency Committee.

All the Public Health Committee and the following Co-opted Members:—

SHARMAN, G., March. THOMAS, J. (Rev.), Wisbech.
TUCK, Miss G. CLAYTON, Mrs. COLLINS.

ISLE OF ELY COUNTY NURSING ASSOCIATION.

Chairman—Sir WM. H. CLARKE.

<i>Associations affiliated.</i>	<i>Representatives.</i>
Downham	Miss H. E. COOKE.
Littleport	Mrs. SHELTON.
Whittlesey	Mrs. PEED.
Wisbech St. Mary	Revd. MOWBRAY SMITH.
Leverington	H. J. BAKER, Esq.
Ely	Miss IVATT.
Chatteris	(no appointment).
Upwell	Revd. A. P. TOWNLEY.
Haddenham	Mrs. PERKINS (Wilburton).
Sutton	Mrs. H. J. PERKINS.

Staff.

County Medical Officer of Health.

PERCY MOXEY, M.B., Ch.B., D.P.H.

(also acts as *School Medical Officer*).

Tuberculosis Officer.

J. PERRY WALKER, M.B., Ch.B.

(also acts as *Assistant School Medical Officer*).

Health Visitors.

Mrs. E. A. KENNEDY REID (Queen's Nurse and Superintendent
County Nursing Association), Wisbech.

Miss M. F. CRUICKSHANK (March).

Miss E. STAPLES (Whittlesea).

Miss H. L. MORRIS (Ely),

*Certificates of the Royal Sanitary Institute in Health Visiting and
Maternity and Child Welfare.*

Miss L. RAY (Chatteris).

* Miss A. BARNETT (Wisbech District Nursing Association).

* Miss H. GROOM (Wisbech District Nursing Association).

* Miss E. SILVER (Wisbech St. Mary District Nursing Association).

* Miss R. C. HEATH (Leverington and Gorefield District Nursing Association).

* Miss F. S. WOODMAN (Upwell and Outwell District Nursing Association).

* Miss K. HARRISON (Sutton District Nursing Association).

* Miss LOWE (Haddenham District Nursing Association).

* Miss M. HOLMAN (Little Downham District Nursing Association).

* Miss RICHARDSON (Manea District Nursing Association).

* Miss HILL (March District Nursing Association).

* Miss J. PAYNE (March District Nursing Association).

* Part-time Officials of the County Council.

LOCAL SANITARY AUTHORITIES.

Urban Districts and Boroughs	Clerks.	District Medical Officers of Health.
1. Ely	A. K. Campbell, Esq.	F. H. Beckett, M.B.
2. Chatteris	W. F. Moore, Esq. ..	R. E. Nix, B.A., M.B., B.C.
3. March	C. Greenwood, Esq.	F. A. Evison, M.R.C.S., L.R.C.P.
4. Whittlesey	B. Weldon, Esq. ..	C. H. Harding, M.R.C.S., L.R.C.P.
5. Wisbech	F. W. Coulam, Esq.	Harry Groom, B.A., M.D.
Rural Districts.	Clerks.	District Medical Officers of Health.
1. Ely	F. W. Green, Esq. ..	C. W. Howe, M.B., D.P.H.
2. North Witchford	H. P. Sharman, Esq.	Cecil E. Stephens, M.D.
3. Thorney	A. F. Whittome, Esq.	H. Clapham, M.R.C.S., L.R.C.P.
4. Whittlesey	J. W. Bowker, Esq...	John J. Waddelow, F.R.C.S., L.R.C.P.S.
5. Wisbech	R. W. Fairecloth, Esq.	C. H. Gunson, M.B., Ch. B.
Port of Wisbech ..	F. W. Coulam, Esq.	G. F. Collins, M.R.C.S., D.P.H.

*To the Chairman and Members of the
Isle of Ely County Council.*

GENTLEMEN,

I have pleasure in presenting to you the Annual Report for 1921.

The progress made during the year has been slow, and there are very many matters which require attention in the area.

Economy on essential services, such as that of Public Health, is not in any way advisable, if the well-being of the community is to be considered of importance.

If the full benefit of a Public Health Service is to be reaped, a definite policy should be laid down and followed.

Health and happiness are interdependent, and expenditure on Health measures is likely to prove a very sound investment in the end.

I am, Gentlemen,

Your obedient Servant,

PERCY MOXEY.

FINANCIAL STATEMENT.

Below is a statement of the cost of the Public Health Services for the year 1921--22, apart from the cost of the School Medical Service, which is dealt with in a separate Report.

	£	s.	d.
Salaries of Medical Officers and Health			
Visitors	1489	12	4
Tuberculosis (Clinics, Sanatoria) ...	2918	7	11
Maternity and Child Welfare	900	12	0
Venereal Disease	349	19	11
Mental Deficiency	336	3	4
Establishment Expenses... ..	174	13	4
	6169	8	10
Receipts from Grants, &c.	3186	14	6
Payable from County Funds	£2982	14	4

ANNUAL REPORT, 1921.

Area of Administrative County ...	acres	238073
Assessable Value	£596,683	
Population (estimated)	73,642	
Number of Births in the Year	1621	
Birth Rate	22·01	
Number of Deaths in the Year	894	
Death Rate	12·14	
Infantile Mortality	85·13	

It is interesting to note that the Infantile Mortality Rate was lower amongst the illegitimate children than amongst the legitimate, being 68·62 and 86·24 respectively. This is most unusual.

It has been decided by the Ministry of Health that Reports on the Public Health shall be of two kinds in the future, Survey Reports and Ordinary Reports.

The Survey Reports will be expected to be of a full and detailed character, and will be given every five years.

The Ordinary Reports rendered other years will be shorter and simpler.

The Reports for 1920 and 1921 will be treated as constituting the first Survey Reports, and the present Report will therefore be an Ordinary Report.

The Public Health Services should be looked upon as concerned chiefly with the perfection of methods for the prevention of disease, and the different activities of the Public Health Service can be conveniently divided up into those dealing with different age groups of the community :—

- (a) Up to School age.
- (b) During School age.
- (c) After School life.

(a) This first period is an extremely important one, and one to which more attention is being paid every year.

It is essential that children should be born under the best possible conditions, and for this purpose it is necessary that the following points should be attended to :—

1. Instruction should be given to mothers so that during pregnancy their lives may be normal and healthy.

2. The conditions of the mother's home should be suitable as regards accommodation, cleanliness, and so forth, so that the confinement may take place under satisfactory conditions.

3. It will also be necessary to see that satisfactory medical and nursing aid is engaged and available for the mother at the time of confinement. A large amount of illness and disease amongst women is directly due to unskilful midwifery practice. Every step that can be taken to improve this will be a step towards healthier and happier mothers.

4. Great care is necessary in the early months of the child's life if a good foundation is to be laid for the building up of a sound and healthy adult. It is noteworthy that in the last 40 years the deaths of infants during the first year of life have fallen from 150 per 1,000 births to 80. This is chiefly due to the lessened number of deaths from diarrhoeal and respiratory diseases. Greater care and knowledge in the management and feeding of children in the early months will undoubtedly result in a still greater saving of human life.

5. The initial difficulties of feeding, &c., are well over by the time the child is one year old, but from this time up till the child is 5 years of age some sort of supervision is necessary to see that the child lives under reasonably hygienic and decent conditions.

To ensure that the above requirements are provided the essentials are :—

A good and sufficient health service.

An adequate midwifery service.

Improvements in housing, sanitation, &c.

(b) During School life the children are examined by the School Medical Officers, and defective children are followed up. This results in a large number of ailments being treated, some by the general Practitioner and others by the Doctors and Health Visitors at the School Clinics. One of the most important branches of this work is undoubtedly the School Dental Service, as many of the ailments children suffer from are due directly or indirectly to decayed teeth and their sequelae. A considerable portion of the child's school life is spent in school, and it is therefore important that the school buildings should be light, airy, attractive, and have a good water supply and sanitary arrangements.

(c) After School life the majority of individuals with whom we are chiefly concerned, enter different employments and come under the National Insurance Act, and have the right to Medical Benefits under that Act.

The following are the special activities of the Medical Department of the County Council :—

Maternity and Child Welfare.

School Medical Service.

Mental Deficiency.

Tuberculosis.

Welfare of the Blind.

Venereal Disease.

In addition to the above there are more general matters, affecting the health of the community as a whole, which come under the supervision of the County Council, such as :—

Water Supply.

Sanitation.

Pollution of Streams.

Infectious Diseases.

Isolation Hospital Accommodation.

Any other matters affecting or threatening the Health of the County.

Having generally reviewed the scope of the Public Health Services, it is necessary to describe the present scope of these Services, and to indicate where improvements may be effected if considered necessary.

MATERNITY AND CHILD WELFARE.

All newly-born children are visited as early as possible by the Health Visitors and advice given to the mothers, and four visits at least are made during the first year of the child's life. The cases are subsequently followed up until the child is 5 years of age.

Cases needing more thorough supervision are advised to attend at one of the Welfare Centres, which are open for one afternoon in each week.

The work done at these Centres is of great value, attendance at them resulting in most cases in rapid improvement in the health of the infant.

There are now five Centres in the Isle, situated at March, Ely, Wisbech, Little Downham and Littleport, and I cannot speak too highly of the good work done by the Ladies' Committees which control the work. Our own Health Visitors attend at Wisbech, Ely and Littleport; the Nurses of the District Associations give their assistance at March and Little Downham.

Medical men also attend frequently. I should very much like to see Centres started at Chatteris and Whittlesey.

At present the work is chiefly limited to advising mothers on the care of infants and a weekly inspection of the child.

The work of the Centres might be made still more valuable if treatment of the mothers and children was carried out, a small charge being made for drugs supplied.

There is a tendency for a rather superior class of mother to attend, and this should be checked as much as possible.

During the year 6,331 visits were made by the Health Visitors under the Notification of Births Act.

Twelve midwives notified their intention to practice in the area.

SCHOOL MEDICAL SERVICE.

The work of this Service is dealt with in a separate Report.

MENTAL DEFICIENCY.

There were six cases of Mental Deficiency in institutions at the end of the year, five at the Royal Eastern Counties Institution at Colchester, and one at St. Mary's Home, Salisbury.

Two of these cases were admitted during 1921.

Four other cases were brought to the notice of the Committee, and vacancies will be sought for these.

TUBERCULOSIS.

The work of the Tuberculosis Clinics at March, Ely and Wisbech continues to increase.

During the year 218 patients were seen, and a total of 1,228 attendances made.

Medical Practitioners frequently send patients for the opinion of the Tuberculosis Officer, Dr. J. Perry Walker, who also visits patients at their homes whenever possible.

Every effort is made to prevent these Clinics being used by the wrong type of case, *i.e.*, cases that have a right to treatment by their own Panel Practitioners or others.

Patients are visited at their homes by the Health Visitors, and last year 880 visits were paid in this connection.

There are 32 shelters, which are the property of the County Council. These are all good wooden structures with windows on three sides and folding doors in front. Good use is usually made of these when loaned out to patients, and frequent visits are made by the Health Visitors to ensure that they are being used and kept in a clean and wholesome condition. Should this not be the case the shelter is removed, as there are generally a number of patients who are waiting for one.

The Council has eight beds at Ipswich Borough Sanatorium, and during the year 15 patients were treated there, a total of 1,171 patient-days being spent there.

Four patients were treated at the Royal Sea Bathing Hospital, Margate.

Six cases were sent to the Wyton Hostel, and four children were treated at the Holt Sanatorium.

During the year the following cases of Tuberculosis were notified :

Pulmonary	...	...	58
Non-Pulmonary	...	...	33

The deaths from Tuberculosis for the same period were:—

Pulmonary	...	...	59
Non-Pulmonary	...	...	19

WELFARE OF THE BLIND.

A Scheme has been adopted by the County Council under the Blind Persons Act, 1920.

Objects.

To provide for—

- (a) Children under School age.
- (b) Education and training of children and adults.
- (c) Employment.
- (d) Home workers.
- (e) Home teaching.
- (f) Unemployable blind living in their own homes.
- (g) Registration.
- (h) Miscellaneous.

In regard to—

- (a) Where the home conditions are unsatisfactory, to make such provision for children under 5 years of age as may be determined by the Local Authority.
- (b) (i) To continue the present system of elementary education and higher education under the regulation of the Board of Education.
- (ii) To provide in conjunction with the Local Education Authority for technical training in suitable trades or handicrafts for blind persons from 16 to 21 years of age who will be as a rule transferred from elementary schools at the age of 16 years, and for other persons who become blind after the age of 16 years.
- (iii) To provide for secondary education or special training in suitable professions for blind persons above the age of 16 years who have special aptitude for such provision.
- (iv) To provide for maintenance during the period of training, by payment of recognised fees at approved Institutions, or in any other manner which may be determined by the Local Authority on behalf of those referred to in (i) (ii) and (iii) above.
- (c) (d) To provide home employment for those who for lack of accommodation, cannot obtain admission to a workshop or for some other satisfactory reason cannot attend a workshop. All such home workers to work under the approved scheme for supervision and proper assistance.

- (e) To provide a Home Teaching Scheme for blind persons residing in their own homes and instruction in reading raised types: visiting and rendering assistance as may be considered desirable in accordance with the Regulations of the Ministry of Health.
- (f) To visit the aged, infirm, and unemployable blind persons in their homes.
- (g) To provide and maintain a system of registration of blind persons, with full records, as required by the Ministry of Health.
- (h) To do all such other lawful things as are incidental or conducive to the attainment of the provisions of the Blind Persons Act, 1920.

It is proposed that for the present the work under the Act should be undertaken in conjunction with the Eastern Counties Association for the Blind.

WATER SUPPLY.

The remarks made in last year's report still apply.

There is a scheme on foot to provide a water supply for the whole of the Ely Rural District, and it is to be hoped that this will be an accomplished fact by the time the next report is written.

Benwick is still without a satisfactory supply of water.

Fourteen samples of water were submitted to the Public Analyst and all found to be sewage polluted and quite unfit for drinking. Five of these were from the Ely Rural District, and 9 from the Middle Level.

RIVERS AND STREAMS.

All these are polluted with sewage. This is particularly noticeable in the case of the River Nene at March, into which a large part of the sewage of nearly 10,000 people is allowed to run without any treatment whatever.

The sewer opens close to the main bridge in the very centre of the town, and the abominable stench in hot weather is indescribable. It's a case here of low rates and a very inefficient sanitary system, which is a disgrace to any County town.

The offensive mud banks must be an ideal breeding place for flies in the summer, and they will carry the filth from the mud banks and deposit it upon food exposed for sale in the shops and elsewhere, contaminating it.

I am quite certain that one day March will pay dearly in severe illness and loss of life for this neglect of sanitation.

DRAINAGE AND SEWERAGE.

No change of note is reported, and the remarks in my last Annual Report still hold good.

SCAVENGING.

Refuse is collected in the usual insanitary open carts in most places and then tipped on to open ground, which is generally in more or less close proximity to the dwelling houses. This is very marked in March, where these garbage heaps are very offensive in the summer and swarming with flies, which infect much of the food in the neighbourhood. In the last summer there were many cases of Diarrhœa amongst infants, chiefly in the neighbourhood of these tips.

These tips should be some distance out of the town, or the refuse should be incinerated or treated in some other way as at Bury, where they use a "Gannow Refuse Crushing Plant."

INFECTIOUS DISEASES.

During the year the following cases were notified:—

Scarlet Fever	313
Tuberculosis (Pulmonary)	58
„ (other forms)	33
Chicken-pox	52
Pneumonia	47
Diphtheria	35
Erysipelas	15
Enteric Fever	10
Cerebro Spinal Fever... ..	3
Malaria	3
Ophthalmia Neonatorum	2
Encephalitis Lethargica	2
Acute Poliomyelitis	1
Tetanus	1

A few cases of Measles and German Measles were notified, but notification of these diseases is not now generally compulsory.

ISOLATION HOSPITALS.

Additional accommodation has been provided at the Wisbech and Ely Isolation Hospitals during the year.

The March Urban Isolation Hospital, which serves for a population of nearly 10,000 people, has seven beds. This is not adequate.

The building is an old wooden structure and is in nearly every way unsuitable for the efficient isolation of infectious cases.

There are no Hospitals for the North Wicheford Rural, Whittlesey Urban and Rural Districts, and I again suggest that a suitable Hospital be provided which would serve all these districts. By the Isolation Hospitals Acts, 1893, the County Council may provide an Isolation Hospital in any district in which they may think it desirable, the expense to be defrayed out of the local rates of the areas affected.

COUNTY NURSING ASSOCIATION.

The first meeting of this Association was held at March on the 15th November, 1921.

Present—Sir Wm. H. Clarke, Messrs. W. Cutlack, J. J. Smith, Dr. J. J. Waddelow, Miss H. E. Cooke, Miss Ivatt, Mrs. Perkins, Mr. H. J. Baker, Mrs. H. J. Perkins, Rev. A. P. Townley, Mrs. Peed, Revd. Mowbray Smith, and Mrs. Shelton. Mrs. Kilham and Miss Farrant also attended.

It was resolved—

- (1) That the County Association be affiliated to Queen Victoria's Jubilee Institute.
- (2) That every local Nursing Association affiliated to the County Nursing Association be required to pay an annual subscription of one guinea.
- (3) That the County Association shall assist affiliated associations in cases of necessity if possible.
- (4) That meetings of the County Association be called at and when considered necessary by the Chairman.

SALE OF FOOD AND DRUGS ACT.

The Public Analyst, Mr. J. West Knights, reports the following results of analysis made by him during the year.

Formal.—Milk 14 samples. Five of these were deficient in milk fat to the extent of 3 %, 5 %, 6 %, 15 % and 16 %.

Proceedings were taken against the vendor of the sample with 16% deficiency. He was convicted and fined 30s.

Informal.—Milk 46, Butter 10, Cream 3, Margarine 15, Lard 7, Bread 8, Pea Flour 3, Ground Rice 2, Baking Powder 8, Egg Substitute 2, Cream of Tartar 2, Jam 3, Tea 3, Cocoa 9, Self Raising Flour 1, Cake Flour 2, Pepper 5, Coffee 3, Vinegar 3, Quinine 2, Cheese 2, Flour 2, Oatmeal 2, Groats 2, Cakeoma 1, Railsey Flour 1, Custard Powder 2, Ground Ginger 1, Cornflour 1, Egg Powder 2, Bi-carbonate of Soda 1.

Preservatives.—Fifteen samples of Margarine examined contained Boric Acid to the extent of 0·3 % in one case, 0·4 % in six cases, 0·45 % in one case and 0·5 % in seven cases.

Three samples of Butter contained 0·4 % of Boric Acid.

Water.—Fourteen samples were analysed and all found to be sewage polluted and unfit for drinking purposes.

MILK SUPPLY.

This has considerably improved as regards quantity, but the cleanliness of the milk leaves much to be desired.

More frequent inspection of cowsheds and dairies is recommended.

VENEREAL DISEASE.

Centres for the treatment of Venereal Disease are established at Peterborough Infirmary and Addenbrooke's Hospital, Cambridge.

During 1921 the Cambridge Centre dealt with 41 cases from this area, 341 attendances being made; 155 "In-patient days" are also recorded. 195 doses of Salvarsan substitute were given.

Of the cases noted above 17 suffered from Syphilis, 23 from Gonorrhœa, and the remainder from other Venereal conditions.

The Cambridge Clinic is open :—

Males—Tuesdays, 4 p.m.; Thursdays, 8 p.m.

Females—Tuesdays, 3 p.m.; Thursdays, 7 p.m.

The Peterborough Clinic is open :—

Males—Tuesdays, Wednesdays, Fridays, Saturdays, 10—11.30 a.m.; Wednesdays, 7—8 p.m.

Females—Tuesdays, Wednesdays, Fridays, Saturdays, 10—11.30 a.m.; Thursdays, 7—8 p.m.

Up to the time of writing this report no return has been made from Peterborough.

REPORT OF THE TUBERCULOSIS OFFICER.

GENTLEMEN,—

I have the honour to present you with the Report of your Tuberculosis Officer for the year 1921.

It is hoped that the year 1922 will see an even greater increase in the quality and value of the work done.

I trust more members of the Council will take a live interest in the work.

Without public interest, support and approval, any Tuberculosis scheme may look nice on paper but can never be truly effective.

I have the honour to be, Gentlemen,

Your obedient Servant,

J. PERRY WALKER.

TUBERCULOSIS IN THE ISLE OF ELY.

Total number of deaths from Tubercle	...	...	78
Number of deaths from Pulmonary Tubercle	...	...	59
do.	other forms of Tubercle...		19

The death rate from all forms of Tubercle is .93 per 1,000.

There are probably in the Isle at one time at least six times as many people seriously ill with Tubercle as die from this disease each year.

There is also the vast army of pre-tubercular and post-tubercular individuals who should have constant supervision.

In order to deal with the problem the work in 1921 was merely a repetition of the scheme in force towards the latter part of 1920, the duties of Tuberculosis Officer being carried out by two individuals, the Administrative Tuberculosis Officer (Dr. Moxey) and the Clinical Tuberculosis Officer (Dr. Perry Walker), with a staff of five Health Visitors and nine part-time District Nurses.

The division of control was found towards the end of the year to be causing some difficulties.

It has been arranged that early in 1922 there shall be a slight alteration by which the Tuberculosis Officer does the greater part of the administrative and all the clinical side.

It is to be hoped that the change will be for the benefit of all concerned, and will lead to greater efficiency.

The three Clinics at March, Wisbech, and Ely were the three centres from which the anti-tuberculosis work was directed, the Tuberculosis Officer being in attendance one day a week at each.

They all grew greatly in numbers, and—let us hope—value, the average attendance at Wisbech being 34, at March 20, and Ely 19.

It is obvious that complete individual examination of chests, laryngoscopic examination, &c., could not be carried out in all cases in one day.

The old idea that a Clinic was to dispense various concoctions to attending patients is rapidly dying. In future it is hoped that the Dispensary may act more as a clearing house: patients coming for examination, and after diagnosis classification, so that each may be referred to the class suitable—one perhaps to Sanatorium, one to Hospital for surgical treatment, another to their own Medical Practitioner.

In order to do this the Clinic and the officer in charge must have the goodwill and the confidence of his brother Practitioners.

This, of course, can only come gradually, but it is interesting to note that more and more Medical Practitioners make use of the Clinic. During 1921 18 different medical men referred cases to the Tuberculosis Officer.

Of course there will always be a small residuum who will insist in attending the Clinic, and who in the public interest must be treated.

In May, 1921, the Insurance Committee handed over the care of the tubercular panel patient to the County Council as far as the administration of "Sanatorium Benefit" was concerned, and in accordance with instructions from the Regional Director of Medical Services reports on 63 domiciliary cases have been received by the Tuberculosis Officer. 38 of these domiciliary cases have been seen by the Tuberculosis Officer.

The Isle of Ely War Pensions Committee refers a large number of cases to the Tuberculosis Officer, on whom periodical reports have to be rendered.

There are 57 Tubercular ex-service men in the Isle made up as follows:—

Invalided with Tubercle	...	...	...	...	27
Discovered after, but attributable to service	...				14
„ but not attributable to service	...				16

The allowanees paid by the Ministry to the ex-service men are liberal, and enable the patient to make in most cases a much stronger and more successful fight against his enemy,

Dental treatment is most urgently needed by tubercular patients if there are any dental defects. Ex-Service men are fortunate, as all dental defects are treated immediately on recommendation by the Tuberculosis Officer.

Sanatorium treatment, as one of the means for fighting Tubercle, is of great value, provided always the patient is able and willing to be taught when at the Sanatorium how to regulate his life, and also provided that the patient can return to reasonably healthy surroundings after, and is not troubled by lack of funds.

The County Council has reserved 8 beds at Ipswich Sanatorium, 5 male and 3 female. They have been almost constantly occupied during the year.

Six patients were also sent to Wyton Hostel by special arrangement.

Four children were sent to Holt Sanatorium.

Four surgical cases were sent to the Royal Sea Bathing Hospital, Margate, in 1921, all of whom derived benefit.

153 specimens of sputum were examined—13 positive, 110 negative.

There are 32 shelters at the present time—29 are in use, and 3 are being repaired. They are inspected periodically by the staff, and the patients as a rule make good use of them. They are distributed fairly evenly throughout the Isle. They are ideal adjuvants to Sanatorium treatment, and I hope that they will become more greatly used.

The Tubercular work of the Health Visitors has been always good. They are much appreciated by the patients, and undoubtedly do more good than they themselves realise. Unfortunately the area they have to cover is too large, and there is no doubt that it is impossible for them to do all the varied tasks allotted to them.

There are no Care Committees in the Isle. The need is urgent. Who will take the initiative and call them into existence?

The problem of the pre-tubercular school child is very grave, and has not yet been met. "Open-air Schools" is some of the writing on the wall.

The end of the unfortunate consumptive in poor circumstances is most pathetic. Starved as a rule of sympathy and food, he ends his life in coughing the germs of a similar ending into the lungs of his relatives; or else, alone in the Union, he coughs his last.

At any rate, wherever and whenever he departs, he leaves his trail of infection.

It is up to us all to do what we can to help in the fight, and it is never too late to start.

Statistical Summary.

	County			England and Wales
	1921	1920	1919	1921
Population (estimated)	73642	71091	68366	
Birth Rate	22.01	22.7	17.5	22.4
Death Rate	12.14	12.02	13.6	12.1
Infantile Mortality	85.13	69.04	83.8	83

Isolation Hospitals.—Available Accommodation.

District	Populat'n 1921	Small Pox Description	No. of Beds	Other Infectious Diseases Description	No. of Beds
Chatteris U. ..	5113	Isolation Hospital.	4	.. ..	2
Ely U. ..	7650	None	..	Isolation Hospital joint Ely U. and R. Districts.	20
March U. ..	9030	Hospital in Gaul Rd. Two wards. (a) Large, 5. (b) Small, 2.	7	In the absence of Small Pox the Hospital is used for other infec- tious diseases.	
Whittlesey U. ..	4223	None	..	None	
Wisbech U. ..	11190	Hospital	14	Hospital	50
Ely R. ..	12950	.. ..	..	see Ely U.	
N. Witchford R.	5130	None	..	None	
Thorney R. ..	2240	House on Peter- boro' Common in conjunction with other L.As.	4	None (confering with Crowland R.D.C. and Peterboro' R.D.C.)	
Whittlesey R. ..	3466	None	..	None	
Wisbech R. ..	12650	Wisbech Urban Hospital available	..	Wisbech Urban Hospital available	

Infectious Diseases Notified in the Several Districts for Year ending 1921.

Disease	URBAN DISTRICTS.						RURAL DISTRICTS.						Combined Total
	Ely	Chatteris	March	Whittlesea	Wisbech	Total	Ely	North Witchford	Thorney	Whittlesea	Wisbech	Total	
Small Pox ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever ..	40	26	24	3	84	177	53	14	2	3	61	136	313
Diphtheria ..	3	2	1	2	11	19	2	..	1	1	12	16	35
Enteric Fever ..	3	..	..	..	1	4	2	3	..	..	1	6	10
Puerperal Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebro Spinal Fever ..	..	..	..	..	..	..	..	..	..	..	3	3	3
Acute Poliomyelitis ..	1	..	..	..	..	1	..	..	..	..	..	..	1
Erysipelas ..	2	1	3	2	6	14	..	..	..	..	1	1	15
Ophthalmia Neonatorum ..	..	1	..	..	1	2	..	..	..	..	..	..	2
Tuberculosis (a) Pulmonary ..	14	1	9	3	5	32	18	5	3	3	5	34	66
(b) Other ..	6	1	1	1	7	16	7	..	1	2	2	12	28
Chicken Pox ..	..	..	..	..	31	31	..	2	..	..	19	21	52
Whooping Cough ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles ..	..	..	..	..	..	..	..	5	..	..	..	5	5
Pneumonia ..	18	2	..	2	1	23	4	8	..	7	1	20	43
Influenzal Pneumonia ..	..	..	..	..	..	..	1	..	..	..	..	1	1
Malaria ..	..	..	..	..	2	2	..	..	..	..	1	1	3
Dysentery ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Encephalitis Lethargica ..	..	..	..	1	..	1	..	..	..	..	1	1	2
German Measles ..	..	..	..	..	..	..	..	3	..	..	..	3	3
Tetanus ..	1	..	..	..	..	1	..	..	..	..	..	..	1

Birth-rate, Death-rate, and Analysis of Mortality during the Year 1921.

(Provisional figures. Populations as enumerated in 1921 have been used for the purposes of this Table. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns.)

Birth-rate per 1,000 total population.	Annual Death-rate per 1,000 Population.										Rate per 1,000 Births.		Percentage of Total Deaths		
	All Causes.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping-cough.	Diphtheria.	Influenza.	Violence.	Phthisis and Pueritis (under 2 years).	Total Deaths under one year.	Deaths in Public Institutions.	Certified Causes of death.	Unspecified Causes.	Total Certified Causes of Death.
England and Wales	12.1	0.02	0.00	0.06	0.03	0.12	0.12	0.23	0.44	19.5	83	15.5	52.5	0.8	1.1
96 Great Towns, including London (1911 Census Populations exceeding 50,000)	12.3	0.01	0.00	0.08	0.01	0.13	0.15	0.25	0.40	19.3	75	33.2	52.5	0.8	0.7
148 Smaller Towns (1911 Census Populations 20,000-50,000)	11.3	0.01	0.00	0.05	0.03	0.11	0.11	0.26	0.35	15.6	84	17.7	48.0	0.5	1.4
London	12.4	0.01	..	0.05	0.06	0.12	0.25	0.23	0.12	21.3	50	49.2	91.6	8.2	0.4

Causes of Death in Administrative Areas, 1921.

CAUSES OF DEATH	URBAN										RURAL										TOTAL
	Chatteris.		Ely.		March.		Whittlesey.		Wisbech M.B.		Ely.		North Witchford.		Thorney.		Whittlesey.		Wisbech.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Civilians only	28	30	47	46	47	45	29	39	79	81	83	81	28	34	10	7	20	26	72	62	
ALL CAUSES .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1. Enteric Fever .. .. .	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
2. Small Pox .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Measles .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Scarlet Fever .. .. .	..	..	..	..	..	..	..	..	1	1	..	1	..	..	..	..	..	..	2	..	5
5. Whooping Cough .. .. .	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2
6. Diphtheria .. .. .	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	
7. Influenza	1	..	..	..	1	1	1	..	..	3	1	2	..	..	..	..	1	..	4	2	17
8. Encephalitis Lethargica .. .. .	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
9. Meningococcal Meningitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	2
10. Tuberculosis of Respiratory System .. .. .	..	2	4	2	5	1	2	6	8	4	3	3	4	1	..	..	3	4	4	3	59
11. Other Tuberculous Diseases .. .. .	..	1	..	3	..	1	1	1	2	2	..	..	1	..	1	..	1	..	2	3	19
12. Cancer, malignant disease	5	3	10	5	5	8	6	3	6	10	13	5	5	3	..	..	..	2	8	6	103
13. Rheumatic Fever .. .. .	..	1	..	..	1	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	4
14. Diabetes .. .. .	..	..	2	..	2	2	1	..	1	..	..	..	..	..	..	..	..	1	1	..	10
15. Cerebral Hæmorrhage, &c.	4	3	2	11	2	6	2	4	9	8	4	6	2	3	..	..	3	3	1	3	76
16. Heart Disease	2	3	4	5	6	4	2	3	7	3	5	12	..	2	1	1	..	1	8	10	79
17. Arterio-sclerosis .. .. .	..	..	..	..	1	1	2	1	..	7	..	..	..	..	..	..	1	..	4	4	21
18. Bronchitis	1	1	2	1	4	7	..	5	3	3	10	4	1	3	1	..	2	4	..	1	53
19. Pneumonia (all forms)	1	1	3	3	4	1	1	2	7	4	5	6	..	1	1	..	..	2	7	7	56
20. Other Respiratory Diseases .. .. .	..	..	..	..	..	..	..	..	2	..	1	..	1	..	..	..	1	..	..	..	5
21. Ulcer of Stomach or Duodenum .. .. .	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	1	..	3
22. Diarrhœa, &c. (under 2 years) .. .. .	..	2	..	2	2	..	1	2	2	6	2	3	..	2	1	1	..	..	4	1	31
23. Appendicitis and Typhlitis .. .. .	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	3
24. Cirrhosis of Liver .. .. .	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	1	..	3
25. Acute and Chronic Nephritis .. .. .	..	..	..	..	1	2	..	..	3	3	3	3	..	1	1	1	1	1	3	1	24
26. Puerperal Sepsis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
27. Other accidents and diseases of Pregnancy and Parturition .. .. .	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1	..	..	..	1	5
28. Congenital Debility and Malformation, premature birth	4	4	1	..	5	2	3	1	5	4	6	7	2	2	1	1	..	..	9	4	61
29. Suicide .. .. .	..	..	2	1	..	..	..	..	2	..	1	..	..	..	..	..	..	..	1	..	7
30. Other Deaths from Violence	1	..	1	..	1	..	1	..	3	1	1	1	1	4	1	..	2	..	1	2	21
31. Other Defined Diseases	9	9	15	11	7	6	6	7	16	19	25	25	11	9	2	2	5	8	8	13	213
32. Causes ill-defined or unknown .. .. .	..	..	..	..	..	1	..	1	1	..	1	2	..	..	..	..	..	..	..	..	6
Special Causes (included above)—	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
Polyomyelitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Polioencephalitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Deaths of Infants { Total	5	8	3	4	10	3	6	5	9	14	14	14	2	5	2	2	1	1	15	8	131
under 1 year { Illegitimate .. .. .	..	1	..	..	..	..	1	..	2	1	1	1	..	..	..	..	..	..	..	..	7
TOTAL BIRTHS	73	58	78	84	98	111	53	46	120	112	125	145	63	54	26	27	41	35	135	137	1621
Legitimate	70	51	73	80	95	104	48	44	110	97	117	136	58	51	25	27	39	33	129	132	1519
Illegitimate	3	7	5	4	3	7	5	2	10	15	8	9	5	3	1	..	2	2	6	5	102
POPULATION	51	13	76	50	90	30	42	23	11	190	12	950	51	30	22	40	34	66	12	650	73642